gaping occurred in the belly wound, which was closed however by adhesion of the omentum. On the eighth day she was seized with rigors and high temperature, indicating a condition which continued with some variations until the thirteenth day, when the belly was again opened by freeing the adhesions between the omentum and the gaping abdominal wound, and the fingers passed into the cavity; no indications of peritonitis, pus or further injury were discovered, and the wound was again closed; the patient suffered no shock from this operation, but gradually failed until the fifteenth day, when she died. Autopsy revealed the blood in the mesentery disintegrating and suppurating, though no abscess existed nor was there any free pus in the peritoneal cavity; the wound in the small intestine was entirely healed, but on the other side of the mesentery, corresponding in position to the lower end of the wound, was a spot in the bowel wall as large as a five cent piece, which was gangrenous, and in its center was a double perforation of bowel, with pus in the caliber of the gut; the mesentery also showed local gangrene at this point. There was general peritonitis, which must have appeared after the latter operation.—*American Surgical Association*, 1887.

XII. Enterectomy for Strangulated Hernia. By N. B. CARSON, M. D. (St. Louis, Mo.). This paper consists of a report of a new case with remarks upon the operation in general. A boy, æt. 12, presented in his right groin a lump, about the size of a hickory nut. He had been suddenly seized with abdominal pain, which increased and became accompanied by vomiting. Strangulated hernia was diagnosed, and the sac opened, allowing the escape of two or three drachms of sero-purulent fluid. The knuckle of intestine was destroyed beyond recognition, and the stricture was so tight that there seemed to be no doubt but that the gut had been cut through, and if any attempt were made to divide the stricture, the adhesions would be broken and fæcal extravasation result. Median abdominal section was then made and the strangulated gut drawn out; it was then discovered that only about four-fifths of the circumference of the gut had been strangulated, while the remainder had been so tightly drawn to the border of the ring as to completely occlude it. The gut being

held by an assistant above and below the lesion and the contents being pushed away, the injured part of the intestine, two and a half inches in length, together with a triangular segment of the mesentery, was resected, the ends sutured with Lembert's suture, the abdominal cavity carefully cleansed, and dressings applied. The case progressed to an uninterrupted recovery, with a healthy spontaneous evacuation of the bowels on the fifth day. The writer notes that shock after the cutting away of the dead bowel is one of the chief dangers of the operation, and recommends a hypodermic injection of brandy and morphine or ether, just before this part of the operation is reached, in order to counteract the shock.

He advises, in conclusion, in cases of strangulated hernia: (1). When the bowel has been out some hours, and when it has been constricted sufficiently to render its return to a healthy condition at all doubtful, that it should be resected at once, if the condition of the patient is such that he or she can withstand the shock of the operation. (2). If the condition of the patient is such as not to admit of immediate resection, he would advise that the bowel be incised and left in place without interfering with the stricture until such time as the condition of the patient will allow the more radical operation. (3). If the resection is to be made as a primary or secondary operation, he would advise that the abdomen be opened in the median line, as by so doing he believes that we enhance many times the chances of recovery of our patient, while we do not in the least add to the dangers of the operation.—*Jour. Am. Med. Assn.*, May 7, 1887.

XIII. Operation for Ventral Hernia. By J. EDWIN MICHAEL, M. D. (Baltimore). A woman, æt. 55, fell several years previously such a way as to be struck in the median line, half way between the umbilicus and the pubes, by the handle of a washtub, without breaking the skin, causing a rupture in the linea alba through which the intestine soon came to protrude, no peritonitis following the injury. The belly wall was full and fat, but through it could be recognized the opening, elliptical in shape with the long axis parallel to that of the abdomen, apparently about $2^1/_2$ inches long and presenting a firm, hard